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AUTHORITY

AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AD 861493

AGDA (M) (22 Oct 69) FOR OT UT 693042

31 October 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 3d Surgical Hospital, Period Ending 31 July 1969

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT UT, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

1 Incl  
as

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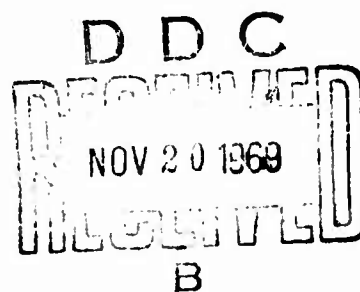
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**DEPARTMENT OF THE ARMY  
HEADQUARTERS 3D SURGICAL HOSPITAL (MA)  
APO San Francisco 96372**

**AVBJ GD-SA**

**4 August 1969**

**SUBJECT: Operational Report - Lessons Learned of 3d Surgical Hospital  
(MA) for Period Ending 31 July 1969 RCS CSFOR-65 (R1)**

**THRU: Commanding General  
44th Medical Brigade  
ATTN: AVBJ-PO  
APO SF 96384**

**TO: Assistant Chief of Staff for Force Development  
Department of the Army  
Washington, D.C. 20310**

**1. SECTION 1. Operations: Significant Activities**

During the period covered by this report, the 3D Surgical Hospital continued its mission of support to the 9th Infantry Division and support troops, by operating a surgical hospital at Dong Tam Base Camp, Mekong Delta, Republic of Vietnam. The hospital functioned with a total of 35 beds, of which 25 are surgical and 10 are medical.

Lieutenant Colonel L. D. Strader Jr. has commanded the hospital during the period covered. Lieutenant Colonel Essie M. Wilson departed for CONUS, and Major Cecille Dale Wright, ANC, was assigned as the Chief Nurse. Major Wright's previous assignment was as Chief Nurse, Beach Army Hospital Fort Wolters, Texas. Major Waldomar M. Roeser remained as Chief of Professional Services.

**FOR OT UT  
693042**

Inclosure

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SUBJECT: Operational Report - Lessons Learned of 3d Surgical Hospital  
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Lieutenant Colonel Fred W. Pauling departed on 12 April 1969 being replaced by Major Robert R. LaFontant as the Chief of Surgery. Major Horace C. Bouchelion returned to the 44th Medical Brigade when Major Dennis J. Thompson was assigned as the Executive Officer, 28 April 1969. Captain Douglas A. Braendel was assigned as the Registrar with an additional duty as the Detachment Commander. The assignment of a new supply officer, Captain John L. Newbill, has brought about improved supply stockage. After a review of stock lines, the hospital was able to reduce from 471 lines to 281 lines, eliminating considerable excess and unauthorized stocks, thereby, returning considerable medical supplies to the system. First Sergeant Talmage D. Mathis remained as the Unit First Sergeant.

Dong Tam Base received forty-one (41) mortar and/or recoilless rifle attacks for the period covered. On 10 July 1969, at 0050 hours, one (1) 75 mm recoilless rifle round landed approximately five (5) feet from the southwest corner of the unit mess hall. Flying fragments damaged the mess hall, enlisted mens barracks, and one section of the operating room inflatable. Specialist Five Frank A. Dollosta, first cook, on night duty, was injured by flying shrapnel in his left arm. Wounds received by SP5 Dollosta required surgery and evacuation, after 72 hours, to the 24th Evacuation Hospital and later to CONUS.

On 4 June 1969, under the careful guidance and direction of Captain Joseph T. Mecca, Radiologist, a medical library was established in an inflatable Quonset hut, making up part of the MUST configuration of this hospital. The library consists of several hundred volumes of texts and periodicals to help keep the professional staff abreast of the continuous

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changes and progress in the medical field.

A new helipad was completed during this report period complete with proper lighting and drainage. Completion of the incinerator installation in June improved the disposition of wastes.

All other new areas of construction and plans for improvement have been cancelled due to the projected relocation of this hospital.

The withdrawal of the 9th Infantry Division will bring an end to the largest MEDCAP program in the Mekong Delta. The 3D Surgical Hospital in support of the 9th Infantry Division has made a large contribution to this program. Twice a week, since August 1967, the internist and general medical officers from this hospital have held a clinic just inside the main gate of the Dong Tam Base Camp. Since its inception the patient load has risen from 30 patients a day to record of 500 in May of this year. At the conclusion in July there was an average of 2400 patients being seen each month.

Patient care statistics for the period are as listed:

	May	June	July
Patients Seen (Total)	1220	936	568
Army	1087	732	334
Navy	16	44	25
Air Force	0	0	0
Others	138	160	209
Total IRHA	526	405	168

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Admissions(Total)	384	356	179
Army	320	250	101
Navy	6	15	13
Air Force	1	0	0
Other	57	91	65
Total IRHA	316	289	126
Operations Procedures (Total)	508	473	211
Major	374	387	173
Minor	134	86	38
Orthopedic Clinic Visit	393	261	163
X-Ray Procedures	2028	1653	821
Lab Procedures	2401	1924	745
Pharmacy Transactions	27	24	28
MEDCAP Patients Seen	2776	2450	3114
Elective Surgery(cases)	9	14	16

The overall mortality rate was 2.5%.

2. SECTION 2. Lessons Learned: Commander's  
Observations Evaluations and Recommendations.

a. Personnel: None

b. Operations:

(1) Patient Information Feed Back

(a) Observations: On occasion it has  
been necessary to evacuate patients from this hospital  
to Long Binh-Saigon area medical facilities after

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only initial resuscitative measures. These patients are considered hospital admission and disposition within the same 24 hour period. Upon request for evacuation of these patients, a hospital is designated as the receiving medical facility, but during transfer these patients are sometimes rerouted to a different facility other than originally indicated. This causes the hospital records to be inaccurate. The incorrect information is then passed to the patient's unit causing delay and for confusion when valuables and personnel property must be forwarded.

(b) Evaluations: It is apparent in some cases that the originally designated hospital must be changed due to the patient load, weather, and other related factors. Therefore, some system of confirmation feed back should be instituted.

(c) Recommendations: The hospital receiving previously treated or transfer patients should forward copies of the admission and disposition sheets to the transferring medical facility.

(2) Location of Admission and Disposition Section:

(a) Observation: The location of the admission and disposition office at this hospital has caused considerable problem. The admission and disposition office is located a distance of approximately 150 feet across the road from pre-operative section with only one phone to serve between pre-operative and the admission and disposition office. The admission and disposition section has the responsibilities of communications between our pre-operative section, the helicopter pad, Dust-Off control and that of monitoring unit radio frequency. Information on incoming patients by helicopter being communicated from helicopter to Dust-Off, from Dust-Off, by field phone, to the admission and disposition office, and by phone from the admission and disposition office to pre-operative.



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4 August 1969

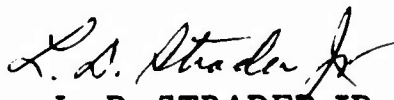
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This causes frequent confusion, considerable delay and loss of effectiveness during peak work periods as in Mas Cals.

(b) Evaluation: This unit accomplished a complete survey and planned for relocation of the admission and disposition section adjacent to the pre-operative section. The admission and disposition section, as the center of control and communication should have adequate number of personnel to cope with all duties. A central location directly related to initial patient treatment area would improve the situation.

(c) Recommendations: Medical treatment facilities building or remodeling should carefully consider location of the admission and disposition section in or near the pre-operative section (emergency room). This would allow closer communications and more smoothly co-ordinated working conditions.

- c. Training: None
- d. Intelligence: None
- e. Logistics: None
- f. Organization: None
- g. Other: None

  
L. D. STRADER JR.  
LTC, MC  
Commanding

AVBJ GD-PO (4 Aug 69) 1st Ind  
SUBJECT: Operational Report of 3d Surgical Hospital (MA) for Period Ending  
31 July 1969, RCS CSFOR-65 (R1)

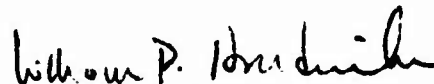
DA, HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 14 August 1969

TO: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

1. This report has been reviewed.
2. The following comment is submitted concerning Section 2:

Reference, paragraphs 2b (1) and 2b (2): concur.

FOR THE COMMANDER:

  
WILLIAM P. HENDRICKS  
CPT, MSC  
Assistant Adjutant

AVBJ PO (4 Aug 69) 2nd Ind  
SUBJECT: Operational Report-Lessons Learned of the 3d Surgical Hospital (MA)  
for the Period Ending 31 July 1969, RCS CSFOR-65 (R1)

DA, Headquarters, 44th Medical Brigade, APO 96384 3 Sep 69

TO: Commanding General, United States Army, Vietnam, ATTN: AVHGM-DST,  
APO 96375

This headquarters has reviewed the subject report and the following comments are submitted:

- a. Reference para 2b(1), basic report; concur. This procedure will be disseminated.
- b. Reference para 2b(2), basic report; concur. The location of the A&D office at the 3d Surgical Hospital has been a major problem and their solution is more than adequate. However, this problem does not exist at other brigade hospitals. The Brigade S-4 Construction Section has been designing all recent plants with the A&D office near both the Emergency Room and the Pre-Operative Ward.

FOR THE COMMANDER:

*Douglas Lindsey*  
DOUGLAS LINDSEY  
COL, MC  
Deputy Commander

Cy furn:  
CO, 68th Med Gp  
CO, 3d Surg Hosp

AVHGC-DST (4 Aug 69) 3d Ind

SUBJECT: Operational Report-Lessons Learned of 3d Surgical Hospital (MA)  
for Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 30 SEP 1969

TO: Commander in Chief, United States Army, Pacific, ATTN: ~~GPOP~~-DT,  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 July 1969 from Headquarters, 3d Surgical Hospital (MA).

2. Reference item concerning "Patient Information Feedback", section II, page 4, paragraph 2b(1); concur. This recommendation will be disseminated in a future issue of the USARV Medical Bulletin.

FOR THE COMMANDER:

Cy furn:  
3d Surg Hosp  
44th Med Bde

  
RICHARD V. FULP  
CPT, AGC  
Assistant Adjutant General

GPOP-DT (4 Aug 69) 4th Ind  
SUBJECT: Operational Report of 3d Surgical Hospital (MA) for  
Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 9 OCT 69

TO: Assistant Chief of Staff for Force Development,  
Department of the Army, Washington, D. C. 20310

This headquarters concurs in the subject report, as indorsed.

FOR THE COMMANDER IN CHIEF:

  
C. L. SHORTT  
CPT, AGC  
Asst AG

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